

000FORM PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE
REV. 2/01T

CUSTOMER NO. 22,852

ATTORNEY'S DOCKET NUMBER

06267.0127

U.S. APPLICATION NO.
(If known, see 37CFR1.5)**10/541387**

**TRANSMITTAL LETTER TO THE UNITED STATES
DESIGNATED/ELECTED OFFICE (DO/EO/US)
CONCERNING A FILING UNDER 35 U.S.C. 371**

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|--|---------------------------|-----------------------|
| INTERNATIONAL APPLICATION NO. | INTERNATIONAL FILING DATE | PRIORITY DATE CLAIMED |
| PCT/FI2004/000001 | January 2, 2004 | January 3, 2003 |
| TITLE OF INVENTION COMPOUNDS HAVING PROLYL OLIGOPEPTIDASE INHIBITORY ACTIVITY | | |
| APPLICANT(S) FOR DO/EO/US Jukka GYNTHER, Erik WALLÉN, Elina JARHO, Pekka MÄNNISTÖ, Markus FORSBERG, Antti POSO, Johannes CHRISTIAANS, Jarkko VENÄLÄINEN, Jouko VEPSÄLÄINEN, Taija SAARINEN, and Tomi JÄRVINEN | | |
| <p>Applicant(s) herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input checked="" type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)). <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed with the United States Receiving Office (RO/US). 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)). <ol style="list-style-type: none"> a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154 (d)(4). 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)). <ol style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)). 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). 10. <input checked="" type="checkbox"/> Annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)). <p>Items 11 to 20 below concern document(s) or information included:</p> <ol style="list-style-type: none"> 11. <input checked="" type="checkbox"/> Information Disclosure Statement under 37 CFR 1.97 and 1.98 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A FIRST preliminary amendment. 14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 15. <input type="checkbox"/> A Substitute specification. 16. <input type="checkbox"/> A change of power of attorney and/or address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825. 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154 (d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application 35 U.S.C. 154 (d)(4). 20. <input checked="" type="checkbox"/> Other items or information: <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> Copy of cover page of International Publication No. WO 2004/060862 A2 b. <input type="checkbox"/> Copy of Notification of Missing Requirements. c. <input checked="" type="checkbox"/> Copy of the International Search Report d. <input checked="" type="checkbox"/> Request for Substitution of Replacement Sheets | | |

| U.S. APPLICATION NO. (If known, see 37CFR 1.5) 10/541387 | | INTERNATIONAL APPLICATION NO. PCT/FI2004/000001 | | ATTORNEY'S DOCKET NUMBER 06267.0127 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table> <tr> <td>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</td> <td>\$300.00</td> </tr> <tr> <td>National Stage Search Fee.....</td> <td>\$500.00</td> </tr> <tr> <td>National Stage Examination Fee.....</td> <td>\$200.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">ENTER APPROPRIATE BASIC FEE AMOUNT =</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$1000.00</td> </tr> </table> <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.</p> <table> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of additional 50 or fraction thereof (rounded up to a whole number)</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>45 - 100 =</td> <td>/50=</td> <td></td> <td>x 250.00</td> </tr> </tbody> </table> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</p> <table> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>11</td> <td>- 20 =</td> <td>x \$50.00</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>-3 =</td> <td>x \$200.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+\$360.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF THE ABOVE CALCULATIONS =</td> </tr> <tr> <td colspan="4" style="text-align: right;">\$1000.00</td> </tr> </tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.</p> <table> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL =</td> </tr> <tr> <td colspan="4" style="text-align: right;">\$1000.00</td> </tr> </table> <p>Processing fee of \$130.00 for furnishing the English translation later than months from the earliest priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</p> <table> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> </tr> <tr> <td colspan="4" style="text-align: right;">\$1000.00</td> </tr> </table> <p>Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property. +</p> <table> <tr> <td colspan="4" style="text-align: right;">TOTAL FEES ENCLOSED =</td> </tr> <tr> <td colspan="4" style="text-align: right;">\$1000.00</td> </tr> </table> <table> <tr> <td colspan="2"></td> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>charged:</td> <td>\$</td> </tr> </table> <p>a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,000.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>06-0916</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</p> <p>SEND ALL CORRESPONDENCE TO: Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P. 901 New York Avenue, NW Washington, D.C. 20001-4413</p> <p>DATED: July 1, 2005</p> <div style="text-align: right;">  <p>SIGNATURE ERNEST F. CHAPMAN, REG. NO. 25,961 NAME/REGISTRATION NO.</p> </div> | | | | | | BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)): | \$300.00 | National Stage Search Fee..... | \$500.00 | National Stage Examination Fee..... | \$200.00 | ENTER APPROPRIATE BASIC FEE AMOUNT = | | \$1000.00 | | Total Sheets | Extra Sheets | Number of additional 50 or fraction thereof (rounded up to a whole number) | Rate | 45 - 100 = | /50= | | x 250.00 | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total Claims | 11 | - 20 = | x \$50.00 | Independent Claims | 1 | -3 = | x \$200.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | +\$360.00 | TOTAL OF THE ABOVE CALCULATIONS = | | | | \$1000.00 | | | | SUBTOTAL = | | | | \$1000.00 | | | | TOTAL NATIONAL FEE = | | | | \$1000.00 | | | | TOTAL FEES ENCLOSED = | | | | \$1000.00 | | | | | | Amount to be refunded: | \$ | | | charged: | \$ |
| BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)): | \$300.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Stage Search Fee..... | \$500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Stage Examination Fee..... | \$200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENTER APPROPRIATE BASIC FEE AMOUNT = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra Sheets | Number of additional 50 or fraction thereof (rounded up to a whole number) | Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 - 100 = | /50= | | x 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 11 | - 20 = | x \$50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 1 | -3 = | x \$200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | +\$360.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF THE ABOVE CALCULATIONS = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \$1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEES ENCLOSED = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Amount to be refunded: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | charged: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |